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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <b>19069048</b>																																											
Substitute for Form PTO-875																																																
<b>CLAIMS AS FILED - PART I</b>																																																
(Column 1)		(Column 2)			(Column 3)																																											
FOR	NUMBER FILED	NUMBER EXTRA																																														
BASIC FEE (37 CFR 1.16(a))																																																
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =																																														
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =																																														
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))																																																
<div style="display: flex; justify-content: space-between;"> <div> <p>* If the difference in column 1 is less than zero, enter "0" in column 2.</p> </div> <div> <table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">SMALL ENTITY</th> <th colspan="2" style="text-align: center;">OR</th> <th colspan="2" style="text-align: center;">OTHER THAN SMALL ENTITY</th> </tr> <tr> <th style="text-align: center;">RATE</th> <th style="text-align: center;">FEE</th> <th></th> <th></th> <th style="text-align: center;">RATE</th> <th style="text-align: center;">FEE</th> </tr> <tr> <td></td> <td>\$ _____</td> <td>OR</td> <td></td> <td></td> <td>\$ _____</td> </tr> <tr> <td>X \$ _____</td> <td></td> <td>OR</td> <td></td> <td>X \$ _____</td> <td></td> </tr> <tr> <td>X \$ _____</td> <td></td> <td>OR</td> <td></td> <td>X \$ _____</td> <td></td> </tr> <tr> <td>+ \$ _____</td> <td></td> <td>OR</td> <td></td> <td>+ \$ _____</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">TOTAL</td> <td></td> <td></td> <td colspan="2" style="text-align: center;">TOTAL</td> </tr> </table> </div> </div>							SMALL ENTITY		OR		OTHER THAN SMALL ENTITY		RATE	FEE			RATE	FEE		\$ _____	OR			\$ _____	X \$ _____		OR		X \$ _____		X \$ _____		OR		X \$ _____		+ \$ _____		OR		+ \$ _____		TOTAL				TOTAL	
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(Column 1)		(Column 2)		(Column 3)																																												
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA																																												
Total (37 CFR 1.16(d))	16	Minus 25		= 2																																												
Independent (37 CFR 1.16(b))	3	Minus 4		= 2																																												
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																																																
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+ \$ _____		OR		+ \$ _____																																												
TOTAL ADD'L FEE				TOTAL ADD'L FEE																																												
<b>AMENDMENT B</b>																																																
(Column 1)		(Column 2)		(Column 3)																																												
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(Column 1)		(Column 2)		(Column 3)																																												
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TOTAL ADD'L FEE				TOTAL ADD'L FEE																																												

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/009648

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	5
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	890
X\$18=	90
X84=	84
+280=	
TOTAL	1064

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	25	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	25	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	25	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

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